# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

| SERIAL NO. | FILING DATE |
|---|---|
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 0 | | | | | |
| TOTAL CLAIMS | 2 | | | | | |